REQUEST TO PROVIDE EXAM AND LICENSURE INFORMATION FROM WASHINGTON STATE TO ANOTHER STATE BOARD

Board of Accountancy Washington State

PO Box 43113 Olympia, WA 98504-3113 360/586-0784 www.cpaboard.wa.gov

Instructions: To transfer your CPA examination scores and/or other licensing information from the Washington State Board of Accountancy to another State Board, complete the information below, enclose the fee (if necessary) and return to PO Box 43113, Olympia, WA 98504-3113.

SECTION A: Current Mailing Information – Please Print Clearly
Name: Address:
Daytime Phone:
Email Address:
Do you want the Washington State Board of Accountancy to use the current mailing address noted above as your official address of record? YES NO Initial Initial
SECTION B: Transfer Information Please indicate the information you want the Washington State Board to transfer (check each item that applies): FEE
Verification of CPA Examination Scores And Licensing Information** \$35*
Verification of Licensing Information** Only \$0 (NO SCORES INCLUDED)
Please indicate where you want the information sent (Please Print Clearly):
Board of Accountancy of(Name of State or US Jurisdiction)
* All fees must be paid by check or money order, in US dollars, drawn on a US Bank. We cannot accept credit card payments. Please make your check or money order payable to the Washington State Board of Accountancy.
**Licensing Information includes: (1) Current status (licensed to practice public accounting, CPA-Inactive, Retired, Lapsed, Suspended or Revoked) (2) Verification that the license/certificate is in good standing, or is not in good standing. (3) Ethics Test Information, Education Information and Experience Information (4) Disciplinary Action
SECTION C: Authorization and Signature I hereby request and authorize the Washington State Board of Accountancy to change my address of record if necessary and to provide any and all pertinent information as requested.
Applicant Signature Date